



P.O. Box 652, Lock Haven, PA 17745
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2023 Grant Application

~ Please thoroughly review the corresponding Grant Guidelines ~
~ Application Process Open from October 15th, 2022 through December 15th, 2022 ~

ORGANIZATION INFORMATION

Legal Name of Organization: _____

Mission Statement: _____

Year Founded: _____ The year your services began within/for Clinton County: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Website: _____ Email: _____

The organization applying for the grant funding is (*Check one*):

- A non-profit organization recognized by the IRS as 501(c)(3).
- A non-profit organization other than the above recognized by the IRS; *note type: 501(c) ()*
- A governmental unit or political subdivision.

Taxpayer Identification Number (TIN): _____ - _____ Annual Budget: _____

Note the top 3-5 funding sources for this organization:

Please list all competitive grants awarded by Clinton County Community Foundation to your organization over the past five years. If you did not apply, tick the DNA box for the appropriate year(s); if you applied and were not funded, tick the NF box for the appropriate year(s).

Year	DNA	NF	Amount Awarded	Purpose of Grant Request or Completed Project
2022	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2021	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2020	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2019	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2018	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

POINT OF CONTACT FOR GRANT PROJECT

Name: _____

Title: _____

Phone: _____

Email: _____

PROJECT INFORMATION

Name of Project/Program: _____

Brief Statement of Purpose: _____

Amount Requested: _____ Anticipated Project Start Date: _____

Total Project Cost: _____ Anticipated Project Completion: _____

This grant request is for *(check all statements that apply)*:

- A one year project to be completed in 2023.
- A multi-year project.
- A new project/program.
- The continuation of current program(s) service(s).
- Capital improvements.
- Purchase of a piece(s) of equipment greater than \$500.00.

Describe the problem to be addressed and the needs to be met by this project. *(Add additional pages of details as necessary for these responses.)*

Will this project require funding to continue at the termination of this grant? If so, specify your plans for the financial sustainability of the project. *(If no additional funding is anticipated, leave blank.)*

A grant report that includes expenditures and evaluation of the project will be required of grantees. Outline the plan to document your progress and/or results, if awarded a grant for this project. *(Complete as separate page(s) the details for this response.)*

The following attachments, with 11 copies, are included with this grant proposal *(Check all that apply)*:

- Cover Letter and reasoning for request. *(Required.)*
- Project Budget. *(Required.)*
- Grant report that includes expenditures and evaluation of the project. *(Required.)*
- Two estimates or bids. *(Needed for equipment pieces over \$500.00 and for all capital improvements.)*
- Current copy of the IRS Affirmation or Determination Letter denoting the 501(c) status of the organization. *(Not required for a governmental unit or political subdivision.)*
- Most recent IRS Form 990 from each 501(c) organization *(Required. Municipalities, townships and boroughs are not included in this requirement while others can provide a State Exemption Letter if applicable.)*
- Commonwealth of Pennsylvania Department of State Bureau of Corporations and Charitable Organizations Certificate of Registration from each 501(c) organization. *(Required. Municipalities, townships and boroughs are not included in this requirement while others can provide a State Exemption Letter if applicable.)* [Home \(pa.gov\)](http://www.home.pa.gov)

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Thank you for your commitment to serving the needs of Clinton County residents!

Signature: _____ Title: _____ Date: _____

By submitting your name above you are signing this grant application and acknowledging that the information herein is accurate. Your electronic signature is the legal equivalent of your manual signature on this form.